

**FEE CALCULATION SHEET**  
 (FOR USE WITH FORM PTO-875)

10/521919

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			2	↓	↓	↓
TOTAL DEP.			18	←	←	←
TOTAL CLAIMS			20	[REDACTED]	[REDACTED]	[REDACTED]

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.				↓	↓	↓
TOTAL DEP.				←	←	←
TOTAL CLAIMS				[REDACTED]	[REDACTED]	[REDACTED]

**Best Available Copy**